

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 3 — 0 0 5

2. STATE:

Hawaii

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)
Medical Assistance

4. PROPOSED EFFECTIVE DATE

07/01/03

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 U.S.C. §1396(b)(i)

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, page 3
Attachment 4.19-B, page 159. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 4.19-A, page 3
Attachment 4.19-B, page 15

10. SUBJECT OF AMENDMENT:

Organ Transplant

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

As approved by Governor

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Dillian B. Koller, Esq.

14. TITLE:

Director

15. DATE SUBMITTED:

SEP 29 2003

16. RETURN TO:

Department of Human Services
Med-QUEST Division
Policy and Program Development Office
P. O. Box 700190
Kapolei, HI 96709

17. DATE RECEIVED:

SEP 30 2003

FOR REGIONAL OFFICE USE ONLY

DEC 29 2003

18. DATE APPROVED:

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/03

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

Bill Lasowski

21. TYPED NAME:

William Lasowski

22. TITLE:

Acting Deputy Director, CMSO

23. REMARKS:

11. REIMBURSEMENT METHODOLOGIES FOR NON-PLAN
SERVICES FOR EPSDT ELIGIBLE INDIVIDUALS

a. Reimbursement of services for organ transplant patients, whether EPSDT eligible or not, are described below in Attachment 4.19-B, item 12 titled "Reimbursement Methodologies for organ transplants".

b. Chiropractor Services

Payment for chiropractor services shall not exceed the Medicare fee schedule for provider's participating in Medicare.

c. Private Duty Nursing, Personal Care, and Case Management Services

Reimbursement for these services shall be made according to the rates established by the Department.

12. REIMBURSEMENT METHODOLOGIES FOR ORGAN
TRANSPLANTS

Reimbursement for services related to organ transplants will be made by a contractor selected by the State. The contractor will also be responsible to coordinate and manage transplant services.

a. Reimbursement of services related to organ transplants will be negotiated with providers by the contractor and will be approved by the State. The negotiated case rate will not exceed Medicare or prevailing regional market rates.

b. Reimbursement of services that are not related to organ transplants shall be the lower of the actual amount billed by the provider or the fee in the Hawaii Medicaid Fee Schedule, either of which will not exceed the Medicare upper payment limit or the rate established by the Department.

TN No. 03-005

Supersedes

TN No. 91-11

Approval Date: _____

Effective Date: 07/01/03

7. Claims for payment shall be submitted following discharge of a patient, except as follows:
 - a. Claims for nonpsychiatric inpatient stays which exceed the Outlier Threshold (Section I.D.34.), shall be submitted in accordance with Section IV.D.
 - b. If a patient is hospitalized in the freestanding rehabilitation hospital for more than 30 days, the facility may submit an interim claim for payment every 30 days until discharge. The final claim for payment shall cover services rendered on all those days not previously included in an interim claim.
8. The prospective payment rates shall be paid in full for each Medicaid discharge. Hospitals may not separately bill the patient or the Medicaid program for medical services rendered during an inpatient stay, except for outlier payments and as provided in Section I.E. below.
9. At the point that a patient reaches the Outlier Threshold (Section I.D.34.), the facility is eligible for interim payments computed pursuant to Section IV.D.
10. Reimbursement for inpatient services provided by CAH facilities will be on a reasonable cost basis under Medicare principles of reimbursement without application of any Medicaid TEFRA target amounts. Outpatient, waitlisted and acute swing to continue to be reimbursed under the current method.
11. Reimbursement for services related to organ transplants will be made by a contractor selected by the State. The contractor will also be responsible to coordinate and manage transplant services. Reimbursement of services related to organ transplants will be negotiated with providers by the contractor and will be approved by the State. The negotiated case rate will not exceed Medicare or prevailing regional market rates.

TN No. 03-005
 Supersedes
 TN No. 00-008

Approval Date: _____

DEC 29 2003

Effective Date: 07/01/03